

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



April 10, 1997

ALL COUNTY INFORMATION NOTICE I-24-97

TO: ALL COUNTY WELFARE DIRECTORS

REASON FOR THIS TRANSMITTAL

- ☒ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☐ Initiated by CDSS

SUBJECT: NOTICE OF ACTION (NOA) MESSAGES FOR THE MINOR PARENT REQUIREMENT (TEEN PREGNANCY DISINCENTIVE) FOR THE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC) PROGRAM

REFERENCE: ACL 96-65, DATED NOVEMBER 26, 1996

The purpose of this letter is to transmit the attached NOA messages and NA form developed as a result of the Minor Parent provisions. Subsequent to the release of the implementing ACL, the need for additional NOA messages and an NA form was identified. See Attachments I and II for information about usage, updating the NOA handbook and translations.

If you have any questions, please contact the following staff:

NOAs: Pam Kian - AFDC Policy Implementation Bureau (916) 654-1801/CALNET 464-1801.

Translations: Language Services Bureau (916) 654-1282/CALNET 464-1282.

NA Form: Forms Management (916) 657-1907/CALNET 437-1907.

Sincerely,

BRUCE WAGSTAFF
Deputy Director
Welfare Programs Division

ATTACHMENT I

NOA MESSAGES

M40-171C (2/97) Application Processing: Approve

The M40-171C was based from the basic approval message (M40-173A). The message language was modified to delete the BIC language since it is now standard on the NA forms. Also, the right side budget is new to accommodate the "Baby MAP" formula.

M44-113G1 (2/97) Income - Change in Income: Change

The M44-113G1 was based from the basic income change message (M44-113G). The message language was left intact with only the right side budget being modified. This is to accommodate the "Baby MAP" formula for senior aided cases.

M44-133Q (2/97) Income - Change in Minor Parent Income: Change

This message was originally included in the ACL as clean up only. The message language has not changed, only the right side budget. This is to accommodate the "Baby MAP" formula for deemed cases.

M44-133V (2/97) Income Eligibility, F.E. - Susp Minor Parent: Change

The M44-133V message was developed to address minor parent cases where the senior parent's deemed income causes the minor to be suspended for one month only due to financial eligibility, leaving the minor's child(ren) eligible.

M44-133W (2/97) Income Eligibility, 185% - Susp Minor Parent: Change

The M44-133W message was developed to address minor parent cases where the senior parent's deemed income causes the minor to be suspended for one month only due to 185%, leaving the minor's child(ren) eligible.

M44-207K4 (2/97) Income Eligibility, F.E. - Suspend AU: Change

This message was developed to address cases which include minor parents where the AU's income causes the case to be suspended for one month due to financial eligibility, leaving the minor's child(ren) eligible.

M44-207K5 (2/97) Income Eligibility, 185% - Suspend AU: Change

This message was developed to address cases which include minor parents where the AU's income causes the case to be suspended for one month due to 185%, leaving the minor's child(ren) eligible.

T89-201B (2/97) Minor Parent - Implement Formula Change: Change

This temporary message was developed to address minor parent cases where the senior parent's income (deemed or aided) did not change, but the grant increases due to "Baby MAP" formula.

FOR HOLDERS OF THE AFDC NOA HANDBOOK

- o M40-171C (2/97) Insert in Section 7 of your AFDC NOA handbook.
- o M44-113G1 (2/97) Insert in Section 7 of your AFDC NOA handbook.
- o M44-133Q (2/97) Replaces prior version dated 11/01/96.
- o M44-133R (2/97) Replaces prior version dated 11/01/96, minor text changes.
- o M44-133S (2/97) Replaces prior version dated 11/01/96, minor text changes.
- o M44-133T (2/97) Replaces prior version dated 11/01/96, minor text changes.
- o M44-133U (2/97) Replaces prior version dated 11/01/96, minor text changes.
- o M44-133V (2/97) Insert in Section 7 of your AFDC NOA handbook.
- o M44-133W (2/97) Insert in Section 7 of your AFDC NOA handbook.
- o M44-207K4 (2/97) Insert in Section 7 of your AFDC NOA handbook.
- o M44-207K5 (2/97) Insert in Section 7 of your AFDC NOA handbook.
- o T89-201B (2/97) Do not insert in your AFDC NOA handbook.

CAMERA-READY COPIES AND TRANSLATIONS

Copies of the NOA messages in Cambodian, Chinese, Spanish and Vietnamese may be obtained upon request through the Language Services Bureau at (916) 654-1282 or CALNET 464-1282 approximately 30 days from the date of this letter.

State of California
Department of Social Services

Noa Msg Doc No.: M40-171C Page 1 of 2
Action : Approve
Issue: Application Processing
Title: Basic Approval

Auto ID No.:
Source :
Issued by :
Reg Cite : 40-171.2, 40-129, 44-315
44-317

Use Form No. : NA 290
Original Date : 02-01-97, New
Revision Date :

PAGE 1, LEFT SIDE OF NA 290

MESSAGE:

The County has approved your cash aid and Medi-Cal. The cash aid payment for your first month of aid is \$_____.

Your first day of cash aid is _____.
Your first day of Medi-Cal is the first day of the month you applied for aid.

[] The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, next month's cash aid will be for a full month.

[] You asked for an Immediate Need payment. Your immediate need is being met with a payment of your first month's cash aid within the immediate need time limit of 1 working day.

Your cash aid is figured on this page.

INSTRUCTIONS: Use for approvals and restorations **FOR CASES WHICH INCLUDE MINOR PARENTS**. Check the applicable box(es). When you check the immediate need box, you will not need to send a separate notice to the applicant denying the immediate need request.

Print message on NA 290 with special budget in right column. Budget includes language to accommodate the comparison of MAP for the minor parent's child(ren).

For cases with income deemed from the senior parent, use NA 271 (1/96) as a second page. Also, include the applicable regulation cites.

file: pkian/MSERIES/app.40171c

PAGE 1, RIGHT SIDE OF NA 290

Section A. Countable Income, Month of _____

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income -- Sources:	
_____	+ _____
_____	+ _____
Court Order Child/Spousal Support Paid	- _____
Unmet Needs of Ineligible Alien Child(ren)	- _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons.....	\$ _____
2. Special Needs.....	+ _____
3. Net Countable Income from Section A	- _____
4. Basic Need Subtotal.....	= _____
5. Maximum Aid, _____ Persons.....	\$ _____
6. Special Needs.....	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal.....	
(Lowest Amount on Line 4, 7 or 18).	= _____
9. Maximum Aid for Minor parent's	
_____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal	= _____
12. Full Month Aid Subtotal	
(Greater Amount on Line 8 or 11)..	= _____
13. Line 8 or 12 Prorated for Part of Month	= _____
14. Adjustments: Collect Overpayment..	- _____
14a. Cal-Learn Penalty....	- _____
14b. Cal-Learn Bonus.....	+ _____
15. Monthly Cash Aid Amount	
(Line 8, 12 or 13 Adjusted).....	= _____
=====	
16. Other State's Maximum Aid, _____ Persons	\$ _____
17. Special Needs (California).....	+ _____
18. Other State Subtotal.....	= _____

State of California
Department of Social Services

Noa Msg Doc No.: M44-113G1 Page 1 of 2
Action : Change
Issue: Income
Title: Change in Income

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-100, 89-201.6

Use Form No. : NA 290
Original Date : 02-01-97, New
Revision Date :

PAGE 1, LEFT SIDE OF NA 290

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

Your family income has changed.

When your income changes, your cash aid
amount also changes.

Your new cash aid amount is figured on this
page.

INSTRUCTIONS: Use to change the grant amount **FOR CASES WHICH INCLUDE MINOR PARENTS** when an assistance unit (AU) reports a change in income. Print message on NA 290 with special budget in right column. Budget includes language to accommodate the comparison of MAP for the minor parent's child(ren).

file: pkian/MSERIES/inc.44113g1

PAGE 1, RIGHT SIDE OF NA 290

Section A. Countable Income, Month of _____

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income -- Sources:	
_____	+ _____
_____	+ _____
Court Order Child/Spousal Support Paid	- _____
Unmet Needs of Ineligible Alien Child(ren)	- _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons.....	\$ _____
2. Special Needs.....	+ _____
3. Net Countable Income from Section A	- _____
4. Basic Need Subtotal.....	= _____
5. Maximum Aid, _____ Persons.....	\$ _____
6. Special Needs.....	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal.....	= _____
(Lowest Amount on Line 4, 7 or 18).	
9. Maximum Aid for Minor parent's _____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal	= _____
12. Full Month Aid Subtotal	
(Greater Amount on Line 8 or 11) ..	= _____
13. Line 8 or 12 Prorated for Part of Month	= _____
14. Adjustments: Collect Overpayment..	- _____
14a. Cal-Learn Penalty....	- _____
14b. Cal-Learn Bonus.....	+ _____
15. Monthly Cash Aid Amount	
(Line 8, 12 or 13 Adjusted)	= _____
=====	
16. Other State's Maximum Aid, _____ Persons	\$ _____
17. Special Needs (California).....	+ _____
18. Other State Subtotal.....	= _____

State of California
Department of Social Services

Noa Msg Doc No.: M44-133Q Page 1 of 2
Action : Change
Issue: Income
Title: Minor Parent Income

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-201.5

Use Form No. : NA 290
Original Date : 06-24-86
Revision Date : 02-01-97

PAGE 1, LEFT SIDE OF NA 290
MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

Your parent's income has changed.

When you are pregnant or a parent and under
age 18 living with your parent, some of your
parent's income is counted to figure your
cash aid. When their income changes, your
income also changes.

We figured how much of your parent's income
we used on the next page.

Your new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid in minor parent cases when a change
in the deemed senior parent income causes the minor parent's income to change.
Print entire message including budget on a NA 290. Budget includes language to
accommodate the comparison of MAP for the minor parent's child(ren).

Use NA 271 (1/96) as a second page.

This message replaces M44-133Q dated 11-1-96.

file: pkian/MSERIES/mp.44133q

PAGE 1, RIGHT SIDE NA 290

Section A. Countable Income, Month of _____

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income -- Sources:	
_____	+ _____
_____	+ _____
Court Order Child/Spousal Support Paid	- _____
Unmet Needs of Ineligible Alien Child(ren)	- _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons.....	\$ _____
2. Special Needs.....	+ _____
3. Net Countable Income from Section A	- _____
4. Basic Need Subtotal.....	= _____
5. Maximum Aid, _____ Persons.....	\$ _____
6. Special Needs.....	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal.....	= _____
(Lowest Amount on Line 4, 7 or 18).	
9. Maximum Aid for Minor parent's _____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal	= _____
12. Full Month Aid Subtotal	= _____
(Greater Amount on Line 8 or 11)...	
13. Line 8 or 12 Prorated for Part of Month	= _____
14. Adjustments: Collect Overpayment..	- _____
14a. Cal-Learn Penalty....	- _____
14b. Cal-Learn Bonus.....	+ _____
15. Monthly Cash Aid Amount	= _____
(Line 8, 12 or 13 Adjusted).....	
=====	
16. Other State's Maximum Aid, _____ Persons	\$ _____
17. Special Needs (California).....	+ _____
18. Other State Subtotal.....	= _____

State of California
Department of Social Services

Noa Msg Doc No.: M44-133R Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Minor Parent, 185%

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.2, 89-201.5

Use Form No. : NA 200
Original Date : 11-01-96, New
Revision Date : 02-01-97

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped.

You can not get cash aid if your monthly
gross income is more than 185% of the need
standard set by the state.

When you are pregnant or a parent and under
age 18 living with your parent, some of your
parent's income is counted to figure your
cash aid. When we count part of their
income, your total income is over the limit.

Since we do not count your parent's income to
your child, he/she is still eligible to get
cash aid.

We figured how much of your parent's income
we used on the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid in minor parent cases when the
deemed senior parent income causes the minor parent's income to exceed 185% of
MBSAC. Delete the minor parent and issue MAP for the baby only. (If minor
parent has income, do excluded parent formula.)

Use NA 271 (1/96) as a second page.

Use NA 300 (3/97) 185%/F.E. tests as a third page. Check the 185% box and fill
in the computation.

file : pkian/MSERIES/mp.44133r

State of California
Department of Social Services

Noa Msg Doc No.: M44-133S Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Minor Parent, Fin. Eligibility

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.3, 89-201.5

Use Form No. : NA 200
Original Date : 11-01-96, New
Revision Date : 02-01-97

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped.

You can not get cash aid if your net
countable income is more than the need
standard set by the state.

When you are pregnant or a parent and under
age 18 living with your parent, some of your
parent's income is counted to figure your
cash aid. When we count part of their
income, your total income is over the limit.

Since we do not count your parent's income to
your child, he/she is still eligible to get
cash aid.

We figured how much of your parent's income
we used on the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid in minor parent cases when the
deemed senior parent income causes the minor parent's income to exceed MBSAC.
Delete the minor parent and issue MAP for the baby only. (If minor parent has
income, do excluded parent formula.)

Use NA 271 (1/96) as a second page.

Use NA 300 (3/97) 185%/F.E. tests as a third page. Check the F.E. box and fill
in the computation.

file : pkian/MSERIES/mp.44133s

State of California
Department of Social Services

Noa Msg Doc No.: M44-133V Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Minor Parent, Fin. Eligibility

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.3, 44-315.8
89-201.5

Use Form No. : NA 200
Original Date : 02-01-97, New
Revision Date :

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped
for the month of _____.

You can not get cash aid if your net
countable income is more than the need
standard set by the state.

When you are pregnant or a parent and under
age 18 living with your parent, some of your
parent's income is counted to figure your
cash aid. When we count part of their
income, your total income is over the limit.

Since we do not count your parent's income to
your child, he/she is still eligible to get
cash aid.

You may get cash aid again for yourself, if
your countable income is less than the need
standard. For us to know this, you must turn
in a complete monthly eligibility report (CA
7/SAWS 7) and a Senior Parent Report (CA 73)
during the month your cash aid is stopped.

You may be able to get a Reduced Income
Supplemental Payment for the month you are
not on cash aid. Call your worker and ask
for a Reduced Income Supplemental Request
Form, (CA 40).

We figured how much of your parent's income
we used on the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid in minor parent cases when the
deemed senior parent income causes the minor parent's income to exceed MBSAC for
one month which results in the minor parent receiving MAP for the baby only.
Use NA 271 (1/96) as a second page. Use NA 300 (3/97) 185%/F.E. tests as a third
page. Check the F.E. box and fill in the computation.

file : pkian/MSERIES/mp.44133v

State of California
Department of Social Services

Noa Msg Doc No.: M44-133W Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Minor Parent, 185%

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-207.2, 44-315.8
89-201.5

Use Form No. : NA 200
Original Date : 02-01-97, New
Revision Date :

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped
for the month of _____.

You can not get cash aid if your monthly
gross income is more than 185% of the need
standard set by the state.

When you are pregnant or a parent and under
age 18 living with your parent, some of your
parent's income is counted to figure your
cash aid. When we count part of their
income, your total income is over the limit.

Since we do not count your parent's income to
your child, he/she is still eligible to get
cash aid.

You may get cash aid again for yourself, if
your gross income goes below the 185% limit.
For us to know this, you must turn in a
complete monthly eligibility report (CA
7/SAWS 7) and a Senior Parent Report (CA 73)
during the month your cash aid is stopped.

You may be able to get a Reduced Income
Supplemental Payment for the month you are
not on cash aid. Call your worker and ask
for a Reduced Income Supplemental Request
Form, (CA 40).

We figured how much of your parent's income
we used on the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid in minor parent cases when the
deemed senior parent income causes the minor parent's income to exceed 185% of
MBSAC for one month which results in the minor parent only receiving MAP for the
baby. Use NA 271 (1/96) as a second page. Use NA 300 (3/97) 185%/F.E. tests as
a third page. Check the 185% box and fill in the computation.

file : pkian/MSERIES/mp.44133w

State of California
Department of Social Services

Noa Msg Doc No.: M44-207K4 Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Suspend Part of AU, Fin. Elig.

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-100, 44-207.3, 44-315.8
89-201.6

Use Form No. : NA 200
Original Date : 02-01-97, New
Revision Date :

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped
for the month of _____.

You have been getting cash aid for a family
of __ persons. This group is not eligible to
get cash aid for one month because the net
countable income is more than the need
standard set by the state.

The new cash aid is figured for _____.
Since we do not count your income to your
grandchild, he/she is still eligible to get
cash aid.

You must turn in your monthly eligibility
report (CA 7/SAWS 7) in the month you are not
aided. If you are eligible, your cash aid
will begin again _____. You do not need
to reapply.

You may be able to get a Reduced Income
Supplemental Payment for the month you are
not on cash aid. Call your worker and ask
for a Reduced Income Supplemental Request
Form, (CA 40).

Your family's needs and income are figured on
the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid **FOR CASES WHICH INCLUDE MINOR
PARENTS** when a family's income exceeds MBSAC making them ineligible as a group
for one month only, but the minor's child remains eligible.

Use NA 300 (3/97) 185%/F.E. tests as a second page. Check the F.E. box and fill
in the computation.

file: pkian/MSERIES/mp.44207k4

State of California
Department of Social Services

Noa Msg Doc No.: M44-207K5 Page 1 of 1
Action : Change
Issue: Income Eligibility
Title: Suspend Part of AU, 185%

Auto ID No.:
Source :
Issued by :
Reg Cite : 44-100, 44-207.2, 44-315.8
89-201.6

Use Form No. : NA 200
Original Date : 02-01-97, New
Revision Date :

MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

Cash aid for _____ is being stopped
for the month of _____.

You have been getting cash aid for a family
of __ persons. This group is not eligible to
get cash aid for one month because the
monthly gross income is more than 185% of the
need standard set by the state.

The new cash aid is figured for _____.
Since we do not count your income to your
grandchild, he/she is still eligible to get
cash aid.

You must turn in your monthly eligibility
report (CA 7/SAWS 7) in the month you are not
aided. If you are eligible, your cash aid
will begin again _____. You do not need
to reapply.

You may be able to get a Reduced Income
Supplemental Payment for the month you are
not on cash aid. Call your worker and ask
for a Reduced Income Supplemental Request
Form, (CA 40).

Your family's needs and income are figured on
the next page.

The new cash aid is figured on this page.

INSTRUCTIONS: Use to change the amount of aid **FOR CASES WHICH INCLUDE MINOR PARENTS** when a family's income exceeds 185% of MBSAC making them ineligible as a group for one month, but the minor's child remains eligible.

Use the NA 300 (3/97) 185%/F.E. tests as a second page. Check the 185% box and fill in the computation.

file: pkian/MSERIES/mp.44207k5

State of California
Department of Social Services

Noa Msg Doc No.: T89-201B Page 1 of 2
Action : Change
Issue: Minor Parent
Title: Implement Formula Change

Auto ID No.:
Source :
Issued by :
Reg Cite : 89-201.5, .6

Use Form No. : NA 290
Original Date : 02-01-97, New
Revision Date :

PAGE 1, LEFT SIDE OF NA 290
MESSAGE:

As of _____, the County is changing your
monthly cash aid from \$_____ to \$_____.

Here's why:

On May 1, 1997, State law changed the way we
figure your cash aid.

- [] When you are pregnant or a parent and
under age 18 living with your parent,
some of your parent's income is counted
to figure your cash aid.

Although we still use some of your
parent's income to figure your cash aid,
we no longer count their income to your
child(ren). Your child(ren) is/are
eligible to get a cash aid payment for
at least one person.

- [] We no longer count your income to your
grandchild(ren). Your grandchild(ren)
is/are eligible to get a cash aid
payment for at least one person.

Your new cash aid is figured on this page.

INSTRUCTIONS: Use to change the grant amount **FOR MINOR PARENT CASES** when
implementing the change in the senior parent deemed income formula. Print entire
message including budget on a NA 290. Budget includes language to accommodate
the comparison of MAP for the minor parent's child(ren). This temporary message
would only be used when no other changes occur except the formula. Check the
first box for senior deemed cases and check the second box for senior aided
cases. (Will result in an increase)

Use NA 271 (1/96) as a second page if the first box is checked.

file : pkian/TSERIES/mp.89201b

PAGE 1, RIGHT SIDE NA 290

Section A. Countable Income, Month of _____

Total Earned Income.....	\$ _____
Work Expense Disregard.....	- _____
\$30 and 1/3 Disregard.....	- _____
Dependent Care Disregard.....	- _____
Other Countable Income -- Sources:	
_____	+ _____
_____	+ _____
Court Order Child/Spousal Support Paid	- _____
Unmet Needs of Ineligible Alien Child(ren)	- _____
Net Countable Income.....	= _____

Section B. Your Cash Aid, Month of _____

1. Basic Need, _____ Persons.....	\$ _____
2. Special Needs.....	+ _____
3. Net Countable Income from Section A	- _____
4. Basic Need Subtotal.....	= _____
5. Maximum Aid, _____ Persons.....	\$ _____
6. Special Needs.....	+ _____
7. Maximum Aid Subtotal.....	= _____
8. Full Month Aid Subtotal.....	= _____
(Lowest Amount on Line 4, 7 or 18).	
9. Maximum Aid for Minor parent's _____ eligible child(ren).....	\$ _____
10. Special Needs.....	+ _____
11. Minor parent's child(ren) Subtotal	= _____
12. Full Month Aid Subtotal	
(Greater Amount on Line 8 or 11) ..	= _____
13. Line 8 or 12 Prorated for Part of Month	= _____
14. Adjustments: Collect Overpayment..	- _____
14a. Cal-Learn Penalty....	- _____
14b. Cal-Learn Bonus.....	+ _____
15. Monthly Cash Aid Amount	
(Line 8, 12 or 13 Adjusted)	= _____
=====	
16. Other State's Maximum Aid, _____ Persons	\$ _____
17. Special Needs (California).....	+ _____
18. Other State Subtotal.....	= _____

ATTACHMENT II

NA FORM

- o NA 300 (3/97) Continuation Page - Financial Eligibility/185% Tests

EFFECTIVE DATES

This form is effective immediately, subject to availability.

FOR HOLDERS OF THE AFDC NOA HANDBOOK

File the English language NA form and instructions in Section 5 of your AFDC NOA Handbook.

CAMERA-READY COPIES AND TRANSLATIONS

Counties needing a camera-ready copy of the English and Spanish versions may call the Forms Management Unit at (916) 657-1907 or CALNET 437-1907. For the Asian versions (Cambodian, Chinese and Vietnamese), counties may FAX their requests to the Language Services Bureau at (916) 657-3429 or CALNET 437-3429. Counties may call (916) 654-1282 or CALNET 464-1282 if only one form is being ordered.

STOCK

The California Department of Social Services (CDSS) will issue the Notice of Change Form (GEN 127) when the English and Spanish versions of the form are available. See the County Forms Catalog for the procedures for ordering forms from the CDSS Warehouse.

INSTRUCTIONS

NA 300 (3/97) Continuation Page - Financial Eligibility/185% Tests

Use as a continuation of a "Page 1" NOA to show how the income of the assistance unit (AU) or of an unaided person (senior parent or excluded parent) fails eligibility.

Check the first box if the total gross income is more than 185% of the basic need standard for the number of eligible persons. Add all income and compare to the figure calculated under "Family Needs".

Check the second box if the total net countable income is more than the basic need standard for the number of eligible persons. Subtract the applicable disregards and compare to the figure calculated under "Family Needs".

Fill in the page number and the number of pages at the bottom of the page.

3/97

file: pkian/300.instr

NOTICE OF ACTION

(Continued)

COUNTY OF _____

STATE OF CALIFORNIA
HEALTH AND WELFARE AGENCY
DEPARTMENT OF SOCIAL SERVICES

FINANCIAL ELIGIBILITY/185% TESTS

Notice Date : _____
Case Name : _____
Number : _____
Worker Name : _____
Number : _____
Telephone: _____
Address : _____

☐ You are ineligible because your **Total Gross Income** is more than **185% of Needs**.

Family Gross Income

_____	\$	_____
_____	+	_____
_____	+	_____
Total Gross Income	=	_____

Family Needs

Basic Need, _____ Persons	\$	_____
Special Needs	+	_____
Total Needs	=	_____
	x	1.85
185% of Needs	=	_____

☐ You are ineligible because your **Total Net Countable Income** is more than your **Total Needs**.

Net Countable Income

Total Earned Income	\$	_____
Work Expense Disregard	-	_____
\$30 and 1/3 Disregard	-	_____
Dependent Care Disregard	-	_____
Other Countable Income--Sources:		
_____	+	_____
_____	+	_____
Court Ordered Child/Spousal Support Paid	-	_____
Unmet Needs of Ineligible Alien Child(ren)	-	_____
Total Net Countable Income	=	_____

Family Needs

Basic Need, _____ Persons	\$	_____
Special Needs	+	_____
Total Needs	=	_____

Rules: These rules apply; you may review them at your welfare office: MPP 44-207.2, 44-207.3

State Hearing: If you think this action is wrong, you can ask for a hearing. The back of page 1 tells how.